

Channel Islands National Marine Sanctuary

Internship/Volunteer Request Form

(Please submit with a copy of your resume)

Name: _____

Address: _____

Phone: _____

E-mail: _____

How did you learn about CINMS? _____

Are you currently a student?

☐ No

Planned period of volunteer service: _____

Days per week available: _____ Hours per week: _____

☐ Yes ☐ Undergraduate ☐ Graduate Year: _____

School: _____

Major & Emphasis: _____

Would this internship be for credit? ☐ No ☐ Yes

Schedule: Quarter: _____ Hours: _____ Days: _____

Special interests: ☐ Education ☐ Research ☐ Public Relations

☐ Policy Please describe _____

What skills are you trying to obtain? _____

What is your long-term goal? _____

Are you a diver? ☐ No ☐ Yes, certification(s): _____

Please list two references (not relatives):

Name/ Relationship: _____

Work phone: _____ **Home Phone:** _____

Name/ Relationship: _____

Work phone: _____ **Home Phone:** _____